

Please type a plus sign (+) inside this box →

+

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e)) required)	Attorney Docket Number	PC9927A MAG
	First Named Inventor	Philip Albert CARPINO
	COMPLETE IF KNOWN	
	Application Number	Not yet assigned
	Filing Date	Filed herewith
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATMENT OF INSULIN RESISTANCE WITH GROWTH HORMONE SECRETAGOGUES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/05/1998 as United States Application Number or PCT International

Application Number PCT/IB98/00876 and was amended on (MM/DD/YYYY) 10/07/98 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached h reto.
60/050,790	June 25, 1997 (06.25.1997)	

EXPRESS MAIL NO. EV245637226US

Please type a plus sign (+) inside this box →



DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent

and Trademark Office connected therewith:

☐ Customer Number
or

Place Customer
Number Bar Code
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Mark Dryer	28,775
Allen J. Spiegel	25,749	Lawrence C. Akers	28,587
Paul H. Ginsburg	28,718	A. Dean Olson	31,185
J. Trevor Lumb	28,567	Mervin E. Brokke	32,723
James T. Jones	30,561	Valerie M. Fedowich	33,688
Gregg C. Benson	30,977	Bryan C. Zielinski	34,462
Robert F. Sheyka	31,304	Robert T. Ronau	36,257
Grover F. Fuller Jr.	31,760	B. Timothy Creagan	39,156
Karen DeBenedictis	32,977	Alan L. Koller	37,371
Lorraine B. Ling	35,251	Jolene W. Appleman	35,428
Garth Butterfield	36,997	Kristina L. Konstas	37,864
Carl J. Goddard	39,203	Seth H. Jacobs	32,140
Raymond M. Speer	26,810	Martha A. Gammill	31,820
Jennifer A. Kispert	40,049	Gregory P. Raymer	36,647
Jacob M. Levine	32,509	E. Victor Donahue	35,492
Israel Nissenbaum	27,582	Roy F. Waldron	42,208
Steven W. Collier	42,429	Todd M. Crissey	37,807

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:	<input type="checkbox"/> Customer Number or Bar Code Label	OR <input checked="" type="checkbox"/> Correspondence address below
-------------------------------	---	---

Name	Gregg C. Benson				
Address	Pfizer Inc				
Address	Eastern Point Road				
City	Groton	State	Connecticut	Zip Code	06340
Country	United States Of America	Telephone	(860)441-4901	Fax	(860)441-5221

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor


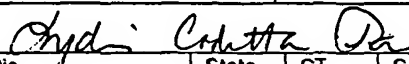

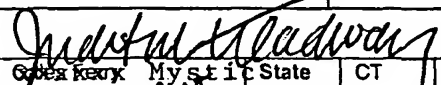
Given Name (first and middle (if any))				Family Name or Surname			
Philip Albert				CARPINO			
Inventor's Signature	<i>Philip A. Carino</i>					Date	8/21/99
Residence: City	Groton	State	CT	Country	US	Citizenship	US
Post Office Address	50 Meridian Street, No. 2						
Post Office Address							
City	Groton	State	CT	Zip	06340	Country	US

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
-------------	--

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Charles Kwok-Fung				CHIU			
Inventor's Signature						Date	26 th Aug 99
Residence: City	Guilford	State	CT	Country	US	Citizenship	US
Post Office Address	702 Goose Lane						
Post Office Address							
City	Guilford	State	CT	Zip	06437	Country	US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Lydia Codetta				PAN			
Inventor's Signature						Date	24 August 1999
Residence: City	Mystic	State	CT	Country	US	Citizenship	US
Post Office Address	8 Schooner Drive						
Post Office Address							
City	Mystic	State	CT	Zip	06355	Country	US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Bruce Allen				LEFKER			
Inventor's Signature						Date	25 August 1999
Residence: City	Gales Ferry	State	CT	Country	US	Citizenship	US
Post Office Address	21 Eagle Ridge Drive						
Post Office Address							
City	Gales Ferry	State	CT	Zip	06355	Country	US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Judith Lee				TREADWAY			
Inventor's Signature						Date	8/24/99
Residence: City	Gales Ferry	State	CT	Country	US	Citizenship	US
Post Office Address	10700 Highway 107 47.2 Pequot Ave.						
Post Office Address							
City	Mystic	State	CT	Zip	06355	Country	US

Please type a plus sign (+) inside this box →

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Michael Paul				ZAWISTOSKI			
Inventor's Signature	<i>Michael Paul Zawistoski</i>					Date	8/27/99
Residence: City	West Warwick	State	RI	Country	USA	Citizenship	US
Post Office Address	9 Marco Drive						
Post Office Address							
City	West Warwick	State	RI	Zip	02893	Country	US

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	